FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL	1
OMB Number:	3235-0076
Expires:	May 31, 2005
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FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE	ONLY	
Prefix			Serial
	1	1	
	DATE REC	CEIVED	

Name of Offering (check if this is an amendment and name Series A Preferred Stock	ne has changed, and ind	icate chang	e.)						
Filing Under (check box(es) that apply): ☐ Rule 504 Type of Filing: ☐ New Filing ☐ Amendm		🗷 Rule	506	☐ Section 4(6)	□ ULOE				
A. BASI	CIDENTIFICATION I	DATA		* <u></u>					
Enter the information requested about the issuer									
Name of Issuer (check if this is an amendment and name	has changed, and indica	ite change.)							
Entellium Corporation					<u> </u>				
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)									
83 South King Street, Suite 300, Seattle, WA 98104			(206)26	52-9400 <i>//</i> /					
Address of Principal Business Operations (Number and Street,	City, State, Zip Code)		Telephone Number (Including Area Code)						
(if different from Executive Offices)				EC) HEL	EINED LE				
same			same		1861				
Brief Description of Business				C UEL I	5 2004				
Customer relationship management software				经					
Type of Business Organization					70				
		er (please s _l	pecify):	field .	79 <i>[S]</i>				
□ business trust □ limited partnership, to be form	ned				44				
	Month Year	•		*	PHULESE				
Actual or Estimated Date of Incorporation or Organization:	0 2 0 4			stimated					
Jurisdiction of Incorporation or Organization: (Enter two-letter	r U.S. Postal Service abb	previation for	or State:	0	DEC 2 7 2004				
CN for Cana	da; FN for foreign jurisd	liction)		D E	2				
GENERAL INSTRUCTIONS				,	I HUMSON				
					FINANCIAL				

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

States

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Johnston, Paul Thomas
Business or Residence Address (Number and Street, City, State, Zip Code)
83 South King Street, Suite 300, Seattle, WA 98104
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Gregory, Charles G. C.
Business or Residence Address (Number and Street, City, State, Zip Code)
83 South King Street, Suite 300, Seattle, WA 98104
Check Box(es) that Apply: \square Promoter \square Beneficial Owner \boxtimes Executive Officer \square Director \square General and/or Managing Partner
Full name (Last name first, if individual)
Jones, Parrish
Business or Residence Address (Number and Street, City, State, Zip Code)
83 South King Street, Suite 300, Seattle, WA 98104
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Ignition Venture Partners II, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
P.O. Box 580, Bellevue, WA 98009-0580
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full name (Last name first, if individual)
Project Project Add and Control Contro
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Turname (Zast mane Ins., It man radial)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

List of				В. П	NFORMAT	TION ABO	UT OFFE	RING	i i		***************************************	<u> </u>
											Yes	No
1. Has the	e issuer sol	d, or does t									. 🗆	×
0 1177					dix, Colum						63.17.4	
2. What i	s the minin	num investi	ment that w	III be accep	ted from any	y individual	17				. <u>\$N/A</u>	
											Yes	No
3. Does th	he offering	permit joir	nt ownership	of a single	unit?							×
										directly, any		
										e offering. If vith a state or		
										ons of such a		
			t forth the in						•			
Full name	(Last name	first, if ind	lividual)									
								********				·
Business o	r Residence	e Address (Number and	d Street, Cit	y, State, Zip	Code)						
Name of A	ggosiated I	Dunkan an D	loolor	 -					·			
Name of A	ssociated i	sroker or D	eater									
States in W	/hich Perso	n Listed H	as Solicited	or Intends	to Solicit Pu	rchasers	***					
			individual									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full name	 (Last name	first, if ind	lividual)					-				
		,	,									
Business o	r Residence	e Address (Number and	d Street, Cit	y, State, Zip	Code)						
<u> </u>						· <u>-</u>						
Name of A	ssociated E	Broker or D	ealer									
States in W	/hich Perso	n Listed H	as Solicited	or Intends	to Solicit Pu	rchasers	<u></u>		 	**		
												All States
[AL]	[AK]	[AZ]	[AR]	[ĆA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	_		[WY]	[PR]
	 ,			[17]		[• 1]	[VA]	[WA]	[WV] 	[WI]	[11]	[1 K]
Full name	(Last name	first, if ind	lividual)									
Pucinosco	r Dasidana	o Addross (Number and	1 Street Cit	State 7in	· Codo)	_ 				······································	
Dusiness 0	Residence	e Address (Number and	ı Sileei, Cil	y, State, Zij	o code)						
Name of A	ssociated I	Broker or D	ealer									
			as Solicited									
-			individual				ייייייייייייייייייייייייייייייייייייי	ייייייייייייייייייייייייייייי				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N1]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR.]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use blar	ik sheet, or	copy and us	se additiona	I copies of	inis sheet, a	s necessary.)		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate ffering Price	Am	ount Already Sold
	Debt	\$		\$	
	Equity	\$	500,000	\$	500,000
	☐ Common ☑ Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$		\$	
	Other (Specify)	\$		\$	
	Total		500,000	\$	500,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of a ccredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
	Accredited Investors		Number Investors	Do of	Aggregate ollar Amount f Purchasers
				\$	500,000
	Non-accredited Investors		0	<u>\$</u> \$	0
	Total (for filings under Rule 504 only)	_		<u> </u>	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		Type of Security		ollar Amount Sold
	Rule 505				
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_		
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		×	\$	3,500
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		×	\$	3,500

Ø.	C. OFFERING PRIC	E, NUMBER O	FINVEST	ORS, EXPENSES	AND USE	OF PROCEEDS	S	-	To the second second
	b. Enter the difference between the agg Question I and total expenses furnished in the "adjusted gross proceeds to the issuer.".	response to Pa	rt C - Ques	tion 4.a. This diffe	erence is		\$		496,500
5.	Indicate below the amount of the adjusted after each of the purposes shown. If the am and check the box to the left of the estimadjusted gross proceeds to the issuer set for	ount for any purnate. The total	pose is not of the pay	known, furnish an ments listed must e	estimate				
		·	·			Payments to Officers, Directors, & Affiliates		-	ents to hers
	Salaries and fees					\$		\$ \$	ners
	Purchase of real estate					\$ \$		\$	
	Purchase, rental or leasing and installation					\$		\$	
	Construction or leasing of plant buildings a	•	• •			<u>\$</u> \$		\$	
	Acquisition of other businesses (including								
	may be used in exchange for the assets or so								
						\$	_ 🗆	\$	
	Repayment of indebtedness					\$	_ 🗆	\$	
	Working capital				🗖	\$	_ 🗷	\$	496,500
Otl	ner (specify):							\$	
	Column totals				🗖	\$	_ 🗆	<u>\$</u>	
То	tal Payments Listed (column totals added)		•••••••	•••••	🗆		×	\$	496,500
2.2	: 1	D.F.	EDERAL S	SIGNATURE					
	<u> </u>			_				-	
sig	e issuer has duly caused this notice to be sign nature constitutes an undertaking by the issu formation furnished by the issuer to any non-	er to furnish to t	he Ø.S. Seo	curities and Exchang	ge Commis	sion, upon writte	Rule 50 n reques	05, the st of it	e following is staff, the
	uer (Print or Type) tellium Corporation	Signature	V-,		Date	10 DELEMB	en_	200	Y
Na	me of Signer (Print or Type) ul Thomas Johnston	Title of Signe President, CE		ype) stant Secretary					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STA	TE SIGNATURE		-
	0.262 presently subject to a See Appendix, Column 5,	•	Yes No tion provisions of such rule? □ 🗵	_
2. The undersigned issuer hereby under CFR 239.500) at such times as required.	•	e administrator of any	state in which this notice is filed, a notice on Form D (17	
3. The undersigned issuer hereby under offerees.	takes to furnish to the state	administrators, upon	written request, information furnished by the issuer to	
	tate in which this notice is	filed and understand	must be satisfied to be entitled to the Uniform Limited that the issuer claiming the availability of this exemption	nas
The issuer has read this notification and I duly authorized person.	knows the contents to be true	ue and has duly cause	ed this notice to be signed on its behalf by the undersigned	
Issuer (Print or Type) Entellium Corporation	Signature	AN	Date 10 OFLEMBER 2004]
Name of Signer (Print or Type)	Title of Signer (P	r/n/ or Type	,	ſ

Issuer (Print or Type) Entellium Corporation	Signature	Date 10 OFLEMBER 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Paul Thomas Johnston	President, CEO and Assistant Secretary	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3		4	,		:	5	
	Intended to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Series A Preferred stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
СО										
CT										
DE										
DC										
FL										
GA										
HI										
ID										
IL										
ΙN										
IA						•				
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
МО										
МТ										

APPENDIX

1		2	3			4			5
	to non-a	ed to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		under Sta (if yes explan waiver	ification ate ULOE , attach ation of granted)			
State	Yes	No	Series A Preferred stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NE									
NV									
NH									
NJ									
NM									
NY					,				
NC									
ND									
ОН				<u></u>					
OK									
OR									
PA									
RI				<u> </u>					
SC									
SD								 	
TN				_	L				
TX									
UT									
VT								 	
VA		-							
WA		X	500,000	2	500,000	0	0	 	X
WV									
WI								 	
WY		-							
PR									

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